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**\*\* CONTINUING DATA \*\*\*\*\***  
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THIS APPLICATION IS A CIP OF 09/690,018 10/17/2000 \* *CHL 4/14/04*  
(\*) Data inconsistent with PTO records.

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
*NONE CHL 4/14/04*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
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35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>Carl W. Zappa CHL</i> Examiner's Signature Initials				

**ADDRESS**  
22249

**TITLE**  
Systems and methods for communicating with implantable devices

<b>FILING FEE RECEIVED</b> 597	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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